

## PHYSICAL SCIENCE MINOR EQUIVALENCY ENDORSEMENT SFN 58303 (05-17)

				Edi	Educator's Professional License Number					
Name (Last, First, MI)		Maiden Name					or			
				So	cial Secu	ritv Num	nber (de	o not us	se dash	es)
Address	I.					They I tall		1100 00	JO 44011	33)
City		State	Zip Code (9-digit)							
Home Telephone Number	Work Telephone Numb	er	Date of Birth	Ema	Email Address					
High School Attended		High	School City Attended					State	!	
Prerequisite: Valid North Dako Endorsement Request and V of teacher education. Once you returning this form to ESPB alo Fees: \$75 Timeline: All requirements mus not change your license renewant	erification: All course bu have completed the ng with your transcripted st be met before adding	ework mune requines.	ust be verified through rements, request thit andorsement to your I	s endo	The add	be addition o	dded to	o youi	licens	se by
ME 16 requirement: minimum	of 16 SH of content-s	specific o	coursework beyond the	ne intro	ductory I	level.				
Coursework			Completed		SH)		Need	ed	(S	H)
General Chemistry I with Labs										
General Chemistry II with Labs										
General Physics I										
General Physics II										
		l l								
Methods of Teaching Science										
Methods of Teaching Science		To	tal SH			Tota	I SH			
Methods of Teaching Science		То	tal SH			Tota	I SH			
Methods of Teaching Science  Applicant:		То	tal SH		Date	Tota	II SH			

Submit completed form and \$75 fee to: Education Standards and Practices Board

2718 Gateway Avenue. Suite 204 Bismarck, ND 58503-0585 (701) 328-9641 office

(701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age, or disability as required by various state and federal laws.



## **Payment/Credit Card Information**

Type of Payment				Amount					
□ Visa	☐ MasterCard	□ Check		\$					
Name as it appears	s on credit card								
Credit Card Number	<u> </u>		Expiration Date	3 digit CVV					
			m m y y						
Billing Address of credit card (if different than the mailing address)									
Address:									
City		State	_ Zip Code						

This documentation will be destroyed upon completion of processing.